

Companion Visiting Program Monthly Report Form

Hours spent attending Support/Educational Meetings Hours _____

(Please use one form for each partner)

Partner's Name:

Number of visits in person with your partner Visits _____

Hours spent visiting your partner Hours _____

Number of Kilometers driven while visiting Kms _____

Bus trips Adult One Zone _____ Senior One Zone _____
 Adult Two Zone _____ Senior Two Zone _____

Number of Telephone Calls Calls _____

Time spent telephone visiting with your partner Hours _____

Total hours spent with partner Total hours _____

Comments:

It is necessary for us to keep statistics regarding volunteer hours for funding purposes. Please complete this sheet and email to the office **within a week of the month's end**. We really appreciate it.